PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Redúction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 da 500 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE BASIC FEE RATE FEE (37 CFR 1.16(a)) TOTAL CLAIMS OR (37 CFR 1.16(c)) minus 20 = X S INDEPENDENT CLAIMS OR X S (37 CFR 1.18(b)) minus 3 = OR X \$\_ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING NUMBER PRESENT RATE ADD1-RATE AFTER ADDI-**PREVIOUSLY EXTRA** TIONAL AMENDMENT ū TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) ENDM FEE Minus U0  $\times$  \$50 = OR Independent (37 CFR 1.15(b)) Minus 200= X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{m}$ REMAINING NUMBER PRESENT RATE ADDI-ENT RATE AFTER PREVIOUSLY PAID FOR ADDI-**EXTRA** TIONAL FEE AMENDMENT TIONAL ENDM Total (37 CFR 1.16(c)) Minus FEE X \$ OR X \$ Independent (37 CFR 1,16(b)) Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT NUMBER RATE ADDI-ENDMENT RATE **AFTER** ADDI-**PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus X S OR Independent (37 CFR 1.16(b)) Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADD'L FEE

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## **Application or Docket Number** PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 10066500 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [ SMALL ENTITY OR TOTAL CLAIMS Q.O RATE FEE RATE FOR HUMBER FILED NUMBER EXTRA BASIC FEE 370.00 BASIC FEE 740.00 OR TOTAL CHARGEABLE CLAIMS Ò minus 20= X\$ 9-X\$18= OA 0 INDEPENDENT CLAIMS minus 3 = X42= XB4= OR MULTIPLE DEPENDENT CLAIM PRESENT +140-+280= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 740 CLAIMS AS AMENDED - PART II 7:3004 OTHER THAN (Column 1) SMALL ENTITY (Column 2) (Column 3) OR SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER -ADDI-ADDI-PRESENT AFTER PREVIOUSLY RATE TIONAL RATE TIONAL EXTRA MENOMENT PAID FOR FEE FEE 20 Total Minus X\$ 9-X\$18= na Independent Mouse 3 X42-X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Cotumn 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER ADDI-PRESENT ADDI-AFTER PREVIOUSLY RATE TIONAL EXTRA RATE TIONAL RENOMENT PAID FOR FEE FEE Total Miran **9**1 Ø X\$ 9= X\$18-OR Independent Minu X42= X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +140= OR +280=

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AMENDMENT C		R	CLAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

" If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." "Wither Highest Number Previously Paid For RN THIS SPACE is less than 3, only 3."

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